

FILED SEP 7 1944  
1944

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 3521

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2837 Harrison  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 32 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2837 Harrison  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME William F. Lyons

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Ma 5. Color or race Wh 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased January - 1873  
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days - If less than one day .hr. .min.

9. Birthplace Freeport Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Crook's paper Box Co

12. Name Lawrence Lyons

13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Roseanna McDermitt

15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Elizabeth Lyons

(b) Address 2837 Harrison

17. (a) Burial (b) Date thereof 8-30-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Thos. E. Quirk

(b) Address 4316 Troost Ave

19. (a) 8-29-44 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27  
year 44 hour 4 minute 05 P. M.

21. I hereby certify that I attended the deceased from July 1st 1943 to Aug 27 1944  
that I last saw him alive on Aug 27 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decomposition Duration 3 months

Due to rheumatic heart disease of aortic valve 21 years

Other conditions (Include pregnancy within 3 months of death)

Major findings: 92°C  
Of operations ✓  
Of autopsy ✓

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence.....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature P. M. Quinn (M. D. or other) MD

Address 1401 SW Blvd Date signed 8-28-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Thomas E. Quirk*  
Licensed Embalmer No. *3775*  
P. O. Address *17 E. Me*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**.If this body is not embalmed, fact should be so stated above.**